

SITE PLAN FOR AED USE

Fillable form available on MMSD Health Services Google Site

- I. School Name:
- II. School Site Coordinator:
- III. School Phone Number:
- IV. AED Location(s):
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.See attached map for exact locations
- V. AED Cabinet Alarm Key:
 1. Nurse Yes No
 2. Custodian Yes No
 3. Other List Name
- VI. Are there any individual emergency plans for students with specific health needs related to AED use? If so please attach. Yes No
- VII. Describe how to call for help in the building (i.e. telephone, 2-way radio, other)
- VIII. Describe or attach building emergency response plan (include who will call 911, who will bring AED, how will emergency responders be notified of an emergency)
- IX. Attach list of staff with CPR/AED certification
- X. Attach list of certified/uncertified staff who are willing to be emergency response team members
- XI. For High Schools
___Review check out procedure for portable AED with Athletic Director

___Review need for daily visual inspection of portable units with Athletic Director